

JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS NINA J. BUJACICH		DEFENDANTS TYLER TECHNOLOGIES, INC., as Plan Administrator and Sponsor, and TYLER TECHNOLOGIES SHORT TERM DISABILITY COVERAGE																																		
(b) County of Residence of First Listed Plaintiff PIERCE (EXCEPT IN U.S. PLAINTIFF CASES)		County of Residence of First Listed Defendant _____ (IN U.S. PLAINTIFF CASES ONLY)																																		
(c) Attorneys (Firm Name, Address, and Telephone Number) TODD R. RENDA, ATTORNEY AT LAW 6314 19TH ST., WEST, STE 21 TACOMA WA 98466-6223		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.																																		
II. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) (For Diversity Cases Only)																																		
<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	Citizen of This State <input type="checkbox"/> 1 <input type="checkbox"/> 2 Incorporated or Principal Place of Business In This State <input type="checkbox"/> 4 <input type="checkbox"/> 4																																		
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5																																		
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6																																		
IV. NATURE OF SUIT (Place an "X" in One Box Only)																																				
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V. ORIGIN (Place an "X" in One Box Only)																																				
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify) _____																																
VI. CAUSE OF ACTION Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 29 USC 1132(a)(1)(B)																																				
Brief description of cause: APPEAL FROM FINAL ADMINISTRATIVE DECISION DENYING SHORT TERM DISABILITY BENEFITS																																				
VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMAND \$	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																
VIII. RELATED CASE(S) IF ANY		(See instructions):	JUDGE	DOCKET NUMBER																																
DATE 09/27/2013		SIGNATURE OF ATTORNEY OF RECORD S/TODD R. RENDA																																		
FOR OFFICE USE ONLY																																				
RECEIPT #	AMOUNT	APPLYING IFP	JUDGE	MAG. JUDGE																																